

Attachment K

Example of Form 7-2525

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF RECLAMATION

PUBLICATIONS APPROVAL REQUEST

Date submitted:		Name:	
Office & Code:		Title:	
To: (Check all appropriate boxes.)			
1. <input type="checkbox"/> Area Manager	3. <input type="checkbox"/> Publications Management/Liaison Officer	5. <input type="checkbox"/> Commissioner's Office	
2. <input type="checkbox"/> Director	4. <input type="checkbox"/> Chief, Public Affairs	6. <input type="checkbox"/> Office of Communications	
Publication			
1. Title _____			
2. Date required _____	3. Status <input type="checkbox"/> New <input type="checkbox"/> Revised	4. Format _____	
Justification			
1. Is the Secretary's name/signature to be used in this publication or does it contain a Secretarial message or have Bureauwide scope? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," this request requires approvals 1 through 6 below.)			
2. Give objective/reason for publication* and primary audience. _____ _____			
3. Is it a cooperative effort with another governmental or private entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," specify.)*			
4. If more than one color, justify (refer to JCP regulations for appropriateness of additional color).*			
Specifications and Costs			
1. Size _____	2. No. of pages _____	9. Copy creation: <input type="checkbox"/> Inhouse (Reclamation) <input type="checkbox"/> GPO contract	
3. Quantity _____	4. Binding _____	10. Mailing list supplied <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Paperstock: Cover _____ Text _____		11. Estimated cost: Layout/design \$ _____	
6. Ink: Cover _____ Text _____		Typesetting/desktop publishing \$ _____	
7. No. of illustrations: Maps _____ Photos _____ Line illustrations _____ Other _____		Printing \$ _____	
8. Proof required: <input type="checkbox"/> Blue/line/Dylux <input type="checkbox"/> Color proofs		Distribution \$ _____	
<input type="checkbox"/> Press sheet inspection		Total \$ _____	
12. Cost Authority _____		FY _____	
Individual Responsibilities			
1. Policy (Public Affairs Officer or Designated Bureau Official)		Office _____	
2. Editorial quality (Title/Name)		Office _____	
3. Technical accuracy (Title/Name)		Office _____	
4. Graphics/Layout/Design (Title/Name)		Office _____	
Signatory Approvals			
Publications needing higher level approval must be forwarded thru the next level(s) of authority until it reaches the required level of approval.			
1. Team Leader/Supervisor		_____	
2. Area Manager		Date _____	
3. Director		Date _____	
4. Publications Management Officer** and/or		Date _____	
Regional Publications Liaison Officer**		Date _____	
5. Chief, Public Affairs		Date _____	
6. Commissioner's Office		Date _____	
7. Office of Communications		Date _____	

*Attach additional sheets, if necessary.

**Signature denotes compliance with all pertinent printing and publications regulations.